

CITY OF MINNEAPOLIS METROPASS Cancellation / Suspension Request Form

☐ Cancellation Request

Please cancel my participation in the Metropass program effective _____
Last day of month

Check the reason: ☐ Retirement / Resignation ☐ Other

Date of event _____

- I understand that because I pay in advance, my cancellation form must be submitted by the first Friday of the month of the cancellation date. *Example: To cancel participation effective September 30th, submit a request on or before the first Friday of September.*
- I understand that there will be no refunds issued for late cancellations or terminations from employment.
- I understand that my Metropass must be returned to the Human Resources Benefits Office at the time the cancellation becomes effective.
- I understand if I cancel participation and later re-enroll in the program, I must submit an Enrollment/Re-Enrollment form by the first Friday of the previous month. *Example: To re-enroll starting October 1, the form must be received by the first Friday in September.*

☐ Suspension Request – 3 months or less

Please suspend my participation in the Metropass program effective _____
Last day of month

CHOOSE ONE:

☐ I would like to have my current pass reinstated on the following date _____
(Reinstatement must be within three months) First day of month

☐ I do not know if or when I will re-enroll, and I understand that after three months my pass will be de-activated.

- I understand that to re-enroll following a suspension of more than three months, I must submit an Enrollment/Re-enrollment form to Benefits by the first Friday of the month.
Example: To suspend participation effective March 31st, submit a request on or before the first Friday in March.

Check one: <input type="checkbox"/> Metropass (\$60.00) <input type="checkbox"/> MPEA Union Member (\$50.00) <input type="checkbox"/> Appointed (no cost) Elected (no cost)		
Employee Name (please print)	Employee ID Number	Work Telephone Number
Employee Signature		Date

Monthly Metropass costs may change. Employees will be notified of any change in the monthly cost.

Return this form by email (Benefits@minneapolismn.gov), fax (612-673-2533) or inter-office (Benefits-PSC Room 100)
Contact City Benefits at 612-673-3333 if you have questions.